Clovis Oncology, Inc. Form 4 May 15, 2015

FORM 4

OMB APPROVAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16.

January 31, Expires: 2005

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per response... 0.5

Form 4 or Form 5 obligations may continue.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

See Instruction

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person * SPICKSCHEN THORLEF | | | 2. Issuer Name and Ticker or Trading Symbol Clovis Oncology, Inc. [CLVS] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | |
|--|----------|----------|---|---|--|--|
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction | (Check an applicable) | | |
| | | | (Month/Day/Year) | X Director 10% Owner | | |
| C/O CLOVIS ONCOLOGY, INC., 2525 28TH STREET, SUITE 100 | | • | 05/13/2015 | Officer (give title Other (specify below) | | |
| | (Street) | | 4. If Amendment, Date Original | 6. Individual or Joint/Group Filing(Check | | |
| | | | Filed(Month/Day/Year) | Applicable Line) _X_ Form filed by One Reporting Person | | |
| BOULDER, CO 80301 | | | | Form filed by More than One Reportin Person | | |

| (City) | (State) | (Zip) Tab | le I - Non- | Derivative S | Secui | rities Acqui | red, Disposed of, | or Beneficiall | y Owned |
|------------------------|--------------------------------------|-------------------------------|------------------|--------------|-----------|-----------------------|----------------------------|---------------------------|-----------------------|
| 1.Title of Security | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if | 3. Transactio | 4. Securiti | | equired (A) | 5. Amount of Securities | 6. Ownership | 7. Nature of Indirect |
| (Instr. 3) | (| any | Code | (Instr. 3, 4 | | ` ′ | Beneficially | Form: | Beneficial |
| | | (Month/Day/Year) | (Instr. 8) | | | | Owned Following | Direct (D) or Indirect | Ownership (Instr. 4) |
| | | | | | (A) | | Reported Transaction(s) | (I) (Instr. 4) | |
| | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | (IIISu: +) | |
| Common Stock | 05/13/2015 | | S | 4,309 | D | \$ 85.0012 <u>(1)</u> | 30,118 | D | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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| 1. Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. | 6. Date Exerc | cisable and | 7. Tit | le and | 8. Price of | 9. Nu |
|-------------|--------------|---------------------|--------------------|------------|------------|---------------|-------------|--------|------------|-------------|--------|
| Derivative | e Conversion | (Month/Day/Year) | Execution Date, if | Transacti | onNumber | Expiration D | ate | Amou | unt of | Derivative | Deriv |
| Security | or Exercise | | any | Code | of | (Month/Day/ | Year) | Unde | rlying | Security | Secui |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Derivativ | e | | Secur | rities | (Instr. 5) | Bene |
| | Derivative | | | | Securities | 3 | | (Instr | . 3 and 4) | | Own |
| | Security | | | | Acquired | | | | | | Follo |
| | • | | | | (A) or | | | | | | Repo |
| | | | | | Disposed | | | | | | Trans |
| | | | | | of (D) | | | | | | (Instr |
| | | | | | (Instr. 3, | | | | | | · |
| | | | | | 4, and 5) | | | | | | |
| | | | | | | | | | A | | |
| | | | | | | | | | Amount | | |
| | | | | | | Date | Expiration | m: .1 | or | | |
| | | | | | | Exercisable | Date | Title | Number | | |
| | | | | C 1 W | (A) (D) | | | | of | | |
| | | | | Code V | (A) (D) | | | | Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--------------------------------|---------------|-----------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| PICKSCHEN THORLEF | | | | | | | |

SPICKSCHEN THORLEF C/O CLOVIS ONCOLOGY, INC. 2525 28TH STREET, SUITE 100 BOULDER, CO 80301



Signatures

Reporting Person

/s/ Thorlef

Spickschen 05/15/2015

**Signature of Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Dolotionchine

This transaction was executed in multiple trades at prices ranging from \$85.00 to \$85.04. The price reported above reflects the weighted (1) average sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.

Remarks:

Exhibit List

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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